

|               |             |       |                |                     |
|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/209,125    | 12/16/98    | 435   | 1643           | PHM.70293-US        |

APPLICANT: JAYASHREE AIYAR, WILMINGTON, DE; LAUDIA A. IANNOTTI, CLAYMONT, DE;  
 EDWARD P. CHRISTIAN, WEST CHESTER, PA; NAOMI J. LOGSDON, NEWARK, DE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED

*pen*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED

*mr*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED GREAT BRITAIN 9726339.6 12/13/97

*per*

FOREIGN FILING LICENSE GRANTED 02/01/99

|  |   |                        |                      |                    |                         |
|--|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met      | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>DE | SHEETS DRAWING<br>21 | TOTAL CLAIMS<br>30 | INDEPENDENT CLAIMS<br>8 |
| Verified and Acknowledged <i>js</i><br>Examiner's Initials _____ |   | Initials _____         |                      |                    |                         |

ADDRESS: LIPD DEPT FOC 1 S/E  
 ZENECA INC  
 1800 CONCORD PIKE  
 P O BOX 5437  
 WILMINGTON DE 19850-5437

TITLE: HUMAN BRAIN-DERIVED TISSUE-SPECIFIC POTASSIUM CHANNEL

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE RECEIVED<br><br>\$1,330 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------------|---|---|